

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006780

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

AMENDED

FILED FEB 20 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3305 Vermont		d. STREET ADDRESS (If outside, give location) 3305 Vermont	
3. NAME OF DECEASED (Type or print) First Eula Middle Kelley Last Caudle		4. DATE OF DEATH Month Feb. Day 11 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 12-11-1904
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		9b. KIND OF BUSINESS OR INDUSTRY Katz Drug Co.	
10a. USUAL RESIDENCE (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Katz Drug Co.	
11. BIRTHPLACE (City and state or country) Aurora, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Henry Clevenhagen		13b. MOTHER'S MAIDEN NAME Iva May Medlin	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. ---		17. INFORMANT Mrs. Joe Wise 3305 Vermont Indep. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melanoid Carcinoma DUE TO (b) Multiple metastases DUE TO (c) ---		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour --- a.m. --- p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Aurora, Missouri		
21. I attended the deceased from 2/10/62 to 2/10/62 and last saw her alive on 2/10/62 Death occurred at 2:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 2-12-62	
22a. SIGNATURE Eula Kelley Caudle		22b. ADDRESS Independence, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-13-1962	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery	23d. LOCATION (City, town, or county) (State) Aurora, Missouri
24. FUNERAL DIRECTOR Geo. C. Carson & Sons Independence, Mo.		25. DATE RECD. BY LOCAL REG. 2-12-62	26. REGISTRAR'S SIGNATURE Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

FEB 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. Kenneth Patterson

Licensed Embalmer No. #687

P. O. Address Indy Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.